

### Section I Identifying Information:

Case Name:		Case #:		Event #:	
CPS Specialist:		DCF Office:		Region/County:	
Date Prevention Plan Completed: Click or tap to enter a date.					

### Section II Candidacy for Care Determination

**Review the prevention plan and determine if the child meets criteria as a candidate for care by applying the following statement:**

*A child who is at imminent risk of entering foster care, but who can remain safely in the child's home or in a kinship placement with the title IV-E prevention services necessary to prevent the entry of the child into foster care. A "child who is a candidate for foster care" includes a child whose adoption or permanent custodianship arrangement is at risk of disruption or dissolution resulting in foster care placement.*

Child Name	Candidate for Care per definition above?		Reason for imminent risk of removal
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A or describe:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A or describe:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A or describe:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A or describe:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A or describe:
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A or describe:

### Section III Prevention Strategy:

**PPS will refer the family to the prevention services or programs listed in this plan to:** (Check one)

- ☐ Maintain the child safely in the home  
☐ Live temporarily with a kin caregiver until the child can safely return to their parent(s)/caregiver(s), or  
☐ Live permanently with a kin caregiver.

### Section IV Family First Prevention Services/Program(s):

**List Family Member next to service/provider available in your region and date when service was added. Use new column to add any updated dates.**

☒ Each family member listed below will receive **Motivational Interviewing** as a service enhancement by the agency providing the Mental Health, Substance Use, Parent Skill Building, or Kinship Navigation programs on the dates listed.

Identified Service / Agency / (Facts Code)	Family Member(s)	Initial Date:	New Service Added:
<b>Mental Health (FM01N)</b> <input type="checkbox"/> Parent Child Interaction Therapy/ PCIT/ Horizons- (PCI) <input type="checkbox"/> Parent Child Interaction Therapy/ PCIT/ TFI/ (PCI) <input type="checkbox"/> Multisystemic Therapy- MST/ CSI / (MST) <input type="checkbox"/> Family Centered Treatment -FCT / SFM/ (FCT) <input type="checkbox"/> Functional Family Therapy - FFT / Cornerstones/ (FFT)		Click or tap to enter a date.	New /Updated Service:  Date: Click or tap to enter a date.

## Family First Prevention Plan

Identified Service/Agency/Facts Code	Family Member(s)	Initial Date:	New Service Added:
<b>Substance Use Disorder (FS01N)</b> <input type="checkbox"/> Adolescent Community Reinforcement Approach/ / A-CRA / DCCCA / (ACR + MOI)* <i>*Motivational Interviewing included with A-CRA</i> <input type="checkbox"/> Parent-Child Assistance Program -P-CAP/ KCSL/ (PCA) <input type="checkbox"/> Seeking Safety / SFM / (SES)		Click or tap to enter a date.	New /Updated Service:  Date: Click or tap to enter a date.
<b>Parent Skill-Building (F101N)</b> <input type="checkbox"/> ABC/ Project Eagle/Livewell / (ABC) <input type="checkbox"/> Family Mentoring / CAPS/ (NPP) <input type="checkbox"/> Fostering Prevention / FosterAdopt Connect/ (FSP) <input type="checkbox"/> Healthy Families- HFA / Great Circle/ (HFA) <input type="checkbox"/> Healthy Families -HFA/- KCSL/ (HFA) <input type="checkbox"/> Healthy Families - HFA/ LDCHD/SB6 / (HFA) <input type="checkbox"/> Parents as Teachers - PAT/ KPATA/ (PAT)		Click or tap to enter a date.	New /Updated Service:  Date: Click or tap to enter a date.
<b>Kinship Navigator (FK01N)</b> <input type="checkbox"/> Kin-TECH/ KLS / (NIT)		Click or tap to enter a date.	New /Updated Service:  Date: Click or tap to enter a date.

### Section V SIGNATURES (Initial and Updated)

	Participant:	Role:	Date:
Initial Signature:			
Updated Signature:			
Initial Signature:			
Updated Signature:			
Initial Signature:			
Updated Signature:			
Initial Signature:			
Updated Signature:			

Distribution: Family, Case File, FFPS Provider, FACTS

